

FORM 6**FULL AND PUBLIC DISCLOSURE
OF FINANCIAL INTERESTS****2017**Please print or type your name, mailing
address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Porter, Jeffrey Duane

MAILING ADDRESS:

1586 S. Goldeneye Lane

CITY:

Homestead

ZIP:

33035

COUNTY:

Miami-Dade

NAME OF AGENCY:

FLA DEPT. OF AGRICULTURE & CONSUMER SERVICES

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

COMMISSIONER OF AGRICULTURE

CHECK IF THIS IS A FILING BY A CANDIDATE ☒**Processed**

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SECTION 1
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STATE**PART A -- NET WORTH**Please enter the value of your net worth as of December 31, 2017 or a more current date. [Note: Net worth is not calculated by subtracting your *reported* liabilities from your *reported* assets, so please see the instructions on page 3.]My net worth as of December 31, 20 17 was \$ 360,363.50.**PART B -- ASSETS****HOUSEHOLD GOODS AND PERSONAL EFFECTS:**

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is \$ \$125,000.00**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Real Property at 1586 S. Goldeneye Lane, Homestead, FL 33035 Per Zillow	\$246,500.00
Closely held business - 49% interest Worldwide Supply Solutions Inc, valued by cash flow	12,500.00
Bank Account CenterState Bank PO Box 9602 Winterhaven FL 33883	6,095.00
Retirement Account - AMERICAN FUNDS PO Box 1148, Norfolk VA 23501-1148	16,429.00

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Mortgage - Central Loan Administration PO Box 77404 Ewing NJ 08628	9,157.50
Mortgage - CenterState Bank PO Box 9602 Winterhaven FL 33883	15,739.00
Car Loan - 2017 Lexus -Lexus Financial MH610 PO Box 4102 Carol Stream IL 60197 4102	21,264.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D -- INCOME

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2017 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

- ☐ I elect to file a copy of my 2017 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2017 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
City of Homestead	100 Civic Court, Homestead, FL 33030	31,957.25

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
World Wide Supply Solutions, Inc.	FPL	9760 SW 344 St, Florida City, FL 33035	Utility Company
World Wide Supply Solutions, Inc.	Helena Chemical	450 NW 3rd Ave, Florida City, FL 33034	Chemical Supply Company

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
DO I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

PART F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

☒ I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
COUNTY OF Miami Dade

Sworn to (or affirmed) and subscribed before me this 20 day of

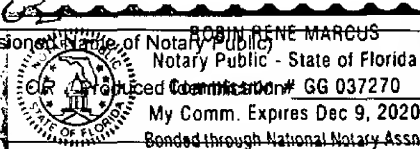
June, 2018 by Jeffrey Duane Porter

Robin Rene Marcus
(Signature of Notary Public--State of Florida)

Robin Rene Marcus
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ☒

Type of Identification Produced



Jeffrey Duane Porter
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature

Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐